The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

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Editorial

All work and no play makes Jack a dull practitioner, doubly so, now that there is so much of the former as practically to exclude the breaks. But the prestige of the medical profession is not enhanced by recent newspaper reports of the penalizing of physicians for using their professional allotments of gasoline in driving to Florida and back on vacation. And what can be said for the five surgeons from one Hampden County hospital staff—outside of Springfield—who departed almost simultaneously last month on a Southern winter sojourn "as usual", leaving excessive burdens on the few who remained on duty?

Rest, without dispute, is imperative, but vacation times, as a matter of course, should be staggered to insure an even division of the extra work which faces depleted war-time staffs. The Hippocrat, in order to aid in choosing time off, suggests that doctors who fish for recreation would do well to consult the so-called Solunar Tables which have been worked out by John Alden Knight, to avoid wasted hours.

Long years of observation have demonstrated that periods of greatest activity in the feeding of fish and other forms of wild life, coincide with the "dark of the moon," when the sun and moon unite in gravitational pull, subject, naturally, to modification by the vagaries of wind and weather. Golfers, doubtless, would prefer other hours, if they but knew, when the force of gravity might be less likely to flatten hopeful trajectories, or to intensi-

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Ministration vs. Administration

The ether resounds with various plans and schemes of medical service and how they are to be administered. The paper shortage becomes acute for the same reason. We all grant that if a specific procedure is certain to be followed by a rapid cure, the administration of the therapeutic agent is the point, but as yet there are only a few certain specifics in medicine. Medicine has not yet reached the mass production stage. Babies are born of mothers and not taken off the assembly lines. Some of us still shudder at too obvious efficiency because we know that it is apt to be unpleasant. The babies of the world are worth taking trouble about and so are the aged. None of us asked to come into this world. That is not the fault of the aged. The patients want deeds not plans and not mere words. When doctors minister to the sick, they should spend as much time with the patient as they do with the laboratory reports. The surgeon operates upon a living person, the patient, and not upon an X-Ray film. The electrocardiogram or the report of the basal metabolic rate varies from complete accuracy to a crude first approximation. Only with the actual patient is it completely revealing. Administration should be the handmaiden of ministration and n o t its over-lord. Therefore, be doers and not hearers only and carry comfort always because cures are rare. Perhaps our patients agree with these lines. The quotation may be inexact:

"So many gods

Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult." —Hippocrates, 430 B.C.

OFFICERS OF THE
HAMPDEN DISTRICT MEDICAL SOCIETY

President—Dr. John Dwyer
Vice-President—Dr. Merrill Hosmer
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So many creeds
So many paths that wind and wind
While just the art of being kind
Is all this sad world needs."
Roger I. Lee, M. D.
President of the Mass. Medical Soc.

Onions

Allium Cepa, a bienniel bulbiferous plant, is grouped by botanists among the lilies of the field, which are alleged to toil not, even as they do not spin. The closely related but snappier **A. Sativum**, a native to Western Asia, is mentioned in Holy Writ and was referred to by Herodotus. Milder, less provocative **A. Porrum**, though indigenous to Southern Europe, can boast the curious distinction of having been adopted by Welshmen as their national flower. These, then, are the lilies of the field which deserve more consideration than their gaudy relatives that distil no essential oils.

Old King Solomon may have vied with the floral beauties in rayment, but it is a safe bet that **A. Cepa** held a much higher place in his esteem. The popularity of this common bulb dates back far enough to be lost in prehistoric mists. The Egyptians and the ancient Romans, as well as the Greeks, had a word for it —a good word—, and poets have been moved to tears and to song by its permeating merits. How Solomon would have liked to consider the varieties that range in size from the miniature Nipponese bunchers to the large and succulent Spanish globes and the giants that grow in Texas and Bermuda. To bring them nearer home, the very life-blood of present day Hatfield is furnished by this **sine-quanon** of cooks, that pungent tear-jerker of which Sidney Smith sang,

> "Let onion atoms lurk within the bowl
> And, half suspected, animate the whole."

Now, **A. Cepa** has been summoned upstairs from the pantry to the pharmacy by those hardy Russians to masquerade, comminuted, as a poultice for the healing of open wounds. The question also is open as to whether the patient might not eat the emplastrum before therapeusis had occurred or, perhaps, succumb to asphyxia before the pathogenic agents did themselves.

Even greater interest is aroused by the news that the late, and very much lamented General Orde Charles Wingate made it his daily practice to eat raw onions between meals and at the same time to improvise upon orthodox military procedure to the discomfiture of the Japanese, though how he escaped detection remains a mystery. The harassed Admiral, Lord Mountbatten, might well paraphrase the famous words of Abraham Lincoln and cry, "Give me more such onions and such men!"

As for me, I regret to say, I am allergic to **A. Cepa** and have had to remove the vulgar vegetable from my regimen.

S. Q. Lapius

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The editors of the Hippocrat have been asked to comment on the above. The writer, in going into his cellar, found that he had copies of the A. M. A. Journal for fifteen years piled high. I wonder how many copies you have, you who read this. There are other magazines also, which if you are like I am, you never read. It is the occasional magazine, which has an article in it that you are probably saving. I find that I have fifteen of those magazines stacked up in my office, and as time goes by I get rid of one or two, and add one or two others. There must be tons of this sort of dead information in the Hampden District area.

Those of us who are staying at home can get the Salvation Army to take these bundles away. In any event we all have outdated magazines. Let's not burn them up. We can't always expect the other fellow to do the jobs we are all asked to do.

It takes 25 tons of blue print paper to build one big battleship. More than 700,000 different kinds of items are shipped to the Army, paper-wrapped or boxed. Each 500 pound bomb requires 12 pounds of paper in the form of rings (bands), tops and bottoms. Each 75 mm shell takes 1.8 pounds of paperboard for its protctive container.

It takes 52 pounds of paper to protect an Army hospital ambulance for shipment.

From the day a soldier goes to war, he is dependent on paper. From his draft card to his honorable discharge, his records are kept on it.

His records are packed in it; his letters are writtein on it; his cartridges are wrapped in it; his shoes are lined with it.

His barracks are built with paper wallboard, paper roofing, paper insulation.

He shoots at paper targets, eats from paper plates, drinks from paper cups.

His battles are planned, his orders are issued, on paper.

Literally, he lives, trains, travels and fights, with paper, his indispensable ally.

And, of course, his "honorable discharge" will be handed to him on a piece of paper — after a beaten Axis has signed the peace terms . . . on paper! Let's clean the cellar! Ed.

EDITORIAL

(Continued from Page 1)

fy those awesome hooks and slices.

As an additional aid in making the most of fishing trips in the future, echo-sounding apparatus, similar to radar, that is employed at present by naval patrol vessels, will be available for spotting schools of fish, even revealing the size and progress of the gam or galaxy. The bottom, too, may thus be located as well as jutting rocks and deep holes where the big ones lie.

The office of the Coordinator of Fisheries is cooperating with the U. S. Navy in testing such apparatus, so the 'Brothers of the Angle', especially the hard-driven professional brethren, must chalk up a good mark for Howling Harold Ickes after all.

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Notes on Westover Field Seminar

This report of our invitation seminar early in January is presented by one of the civilian doctors present.

Dr. R. K. Brown of the M. G. H. presented chest wounds, and Dr. H. K. Sowles of the M. G. H. covered abdominal wounds.

Dr. Brown tells us that blood in the chest cannot collapse a lung. It is not enough. If bleeding continues, use pneumothorax. If repeated however, visceal pleura will thicken up and tie up the lung to the pleura. If one or two pneumothorax treatments do not stop the bleeding one must open the chest. A bullet wound through the chest with hemorrhage stopped, should be left alone. Aspiration should only be done to determine a base line, and see whether blood is increasing or not. Exploratory operations not necessary if periferal wounds only, are encountered. If the wound is around the root of the lung it will be fatal at once under any circumstances. Hence, seldom operate for lacerated lung. Operate usually only for intercostal vessels. Leakage from punctured lungs into the pleura usually leak into the pleural space, quickly fills up and collapses lung, mediastinum and opposite lung, followed by death. Air may dissect up along bronchus to mediastinum. Treatment is immediate aspiration of air. May leave needle or catheter in pleura. Put it in high and in front using number nineteen gauge. A cork can be used to stabilizs needle. Better than a needle is to use an eight or ten French catheter. Lead this off to a water trap at least three feet below patient. In evacuating wounded by air a vent must be made in the pleura or the lung is pressed in at high altitude.

Dr. Sowles spoke on abdominal wounds. He advocated sulpha drugs, and early operation. He discussed anesthesias.

Comments Noted From Navy Doctor's Letter

1. The frequency with which draftees read the test card as "**you** are not in the Navy, for you are **now** in the Navy". (Page Dr. Freud.)

2. The almost white and actual white-skinned youths who have been brought up among colored people and (apparently) not the least bit disturbed over drilling and living with colored troops.

3. The incredible plimoses and filthy glans penes (even after the shower).

4. The large numbers of Gc's—Veneral warts etc.

5. The naivete of the considerable percentage of malingerers.

6. The unoriginality of the hysterias.

7. The relatively large number of cases of psoriasis, asthma, disfiguring acne, rheumatism, illiterates, morons "piss-willies", sleep-walkers, advanced hemorrhoids, hernias, and what not that still slip through local boards. However, even I no longer trust my eyes without a lense for foreign bodies. Many a backache shows an old fracture and not a neurosis at all.

8. The surprising frequency with which men who are signed up as emotionally unstable, or hypochondriacal, will straighten out and make a go of it after three weeks of trial duty.

9 The small percentage of acute nostalgia.

10. The relative frequency of painted toenails, and polished fingernails in youths, (most of them **not** homosexuals).

11. The appetite of rural and slum youths for tattooing subjects ranging from the more popular daggers and hearts to nudes and obscenities, queer women or a "lady" on a pot. And here's another for the analysts "When did your mother

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pass away?" Inquired of a 17 years old youth with a tombstone memorial marked "mother" tattooed on his arm. "Oh, she ain't dead!" said he blithely. There is the fellow with 2 cupids on his breasts, one marked "sweet" and the other marked "sour".

A Doctor Applies For A Commission In The Navy

In response to a letter from the Naval Recruiting Office in Boston advising that they were in need of additional physicians to replace younger men and permit the latter to be used in extra-terrial service, I recently visited the Naval Recruiting office in Boston. I was first referred to a petty officer, who during the course of the day was to keep track of me as I visited the different offices of the recruiting station. He ushered me to the office of the chief medical officer, Dr. Monks, whom I found to be a very courteous individual, and answered, frankly, various questions relative to the service, such as the probable commission which might be offered, pay, the length of time that would be required to pass on an application, and a number of other questions that were of personal value to me in contemplation of service with the Navy. I was advised that because of the need for additional physicians in the Navy, they would accept physicians in the 50-55 year age bracket, waive minor physical defects; that the commission offered to this group would be Lieut. Commander and that the remuneration, roughly $5000, a year, with an additional allawonce of $250, for clothes at the time of granting the commission. I was then advised that I should proceed with a physical examination and later fill out the various forms that constitute the application procedure. To get these matters under way, I was then directed back to my guardian, the petty officer, who filled in the headings of various examination forms, and thence conducted me to the building of the examination routine, a dental examination, then eyes, general physical examination, x-ray of chest, finger prints, Wasserman and a urine examination. Many portions of the examinations were conducted by non-medical officers, such as eyes, the taking of blood pressure, observation of the action of the muscles of the arm and forearm. Before starting through the line, we were deprived of our clothing except for a pair of shorts, and provided with a pair of paper slippers of Chinese style and made of crinkled paper. In the room allocated for the general physical examination, we were advised to line up, divert ourselves of our shorts and to step out of our slippers and forward. The examining doctor, (Lt. Sr. Grade) noting at the top of my application form the word "medical", told me that I need not step out of my slippers, and I became distinguished among the others. Some 6 to 8 days prior, I had had a myositis of the muscles in the gluteal region from which I felt that I had essentially recovered... I was told that my pelvis was thrown out at the right, and that my left leg was shorter than the right, also that my spine was somewhat out of alignment. When they asked me to bend over, I found that my finger tips missed the floor by 5 inches or so, while to my chagrin the rest of the line-up showed none of these signs of advancing years. Two medical officers then went over me, wishing to know the reason for all this I told them that it was probably due to the muscle spasm as a result of my illness of the previous week (but I have since learned that I always walked with a bit of a limp) and a more enlightened view suggests, that perhaps, unwittingly I might not have told them the entire truth). At any rate, I was advised to return to the chief medical officer, who would make a further inquiry about my infirmities. Having arrived again at his quarters, I was asked if I had ever had an injury of the back. I assured him that I had had

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none, and requested that I be advised if the defect was disqualifying. "No", he said. "I will take your word for it". "Minor defects may be waived". I had already led myself to the belief that a major defect existed, and there was little need for further investigation of me. Apparently, they considered the matter differently for my guardian conducted me into the intelligence department, where I was questioned as to why I wished to get in the Navy. I was told that I could not expect to earn as much in the Navy as from my practice. I informed them that aside from the fact that my services at home were deemed non-essential, I had certain personal reasons making me believe that a sojourne in the Navy for a brief period of years would do me no harm, and perchance might even prove beneficial to me in the years to come. I do not know just what kind of an answer they wished, but I said nothing of joining simply becase of patriotism, and they did not question me on that point.

I was again directed back to the chief medical officer who took a record of my past activities, medical connections, and activities not connected with medicine. From here, I went back to my guardian the petty officer, who supplied me with numerous forms to be filled out, and advised me that if I would forward the completed forms within the next week or so, a decision on the application from Washington would be forthcoming after about two months, and then if commissioned, about three weeks would be allowed to get my personal matters in order.

During the course of my wanderings through the recruiting station, I found everyone congenial. There were no unpleasantries. I was the only doctor going through the examinations at the time. My form was marked "medical" at its top, and I found that I was given the courtesy of being put through the examinations as rapidly as possible. I arrived at the recruiting office at 9:30 A. M., took time off for lunch, and was finished at 3:30 P. M.

On returning home I was faced with the task of filling out various application forms, one large form in triplicate and another in duplicate, made none the less tedious by the necessity of signing a not too short first and middle name in full on every occasion. For the past two weeks, my secretary and myself have spent all of our spare time in an effort to collect sufficient documentary evidence to prove that I am who I claim to be. These documents consisted of such items as:

Credentials from three colleges.
Letters of recommendation from three men who have known me intimately.
Certificate from the Mass. Med. Soc.
Certificate of Registration in Mass.
Certificate from the National Board of Medical Examiners.
Six photographs.
Bibliography of all published articles.
Birth certificate.

In general, the more you have done in life, the more complex becomes the application, and the more corroboration ones statements require. Particular difficulty was experienced with my birth certificate, owing to the fact that in the year 1892, the City Clerk of a small Indiana town recorded my birth the day before it occured, and gave me the wrong parents. Having finally obtained from my true parents a duly attested certificate that I was born on the day claimed by me, and to the parents claimed, the Navy desires this original proof, a document which in the face of the legal uncertainty of my existence I have come to prize too highly as a keepsake. Risking the displeasure of the Navy, I am providing them with

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a copy of the original, trusting that further or more exact information of my origin may be unneccessary.

A few additional records are due to arrive soon from various parts of the United States, and my application will be on its way. There will be a lapse of two months, and then I expect to be informed that my right illiac crest rides a little too high to make me a useful person for the Navy.

Hampden District Medical Society

The May meeting of the socicty was held at the Academy of Medicine at four o'clock on May 2, 1944. At the meeting our executive committee member George L. Steel spoke to us on the progress and plans of the post war loan fund. This is a fund to be set up by the society, and administered by a committtee of its fellows. Each non-service member will be asked and billed for ten dollars until the war ends. Due to the failure of securing a unanimity of opinion among those patriots of us who are still at home, the billing of this ten dollars will be suggestive and not compulsory. The thought came out of the meeting that we should use funds already in the society. Another thought came out in the district meeting that the tax might well be anything up to one hundred dollars per man. Certainly we are a crowd of individualists. This money will probably be borrowed at two per cent. How much will be loaned to each returned doctor will be determined by the committee. Our society recommended that we go on record for the committee report. Action by the state society will be postponed to the February meeting.

The cancer committee report describes a compromise arrangement with the State Board of Health, whereby three separate types of cancer clinics are established.

The five-year rule for admission of doctors of foreign registry into the Massachusetts Medical Society was sustained after an investigation of certain phases of the situation were described. We are just where we were before.

Dr. Stearns, dean of Tufts College Medical School, and now a captain in the Navy gave a comprehensive and intelligent discourse on neurosis. He opened by saying that after twenty-five hundred years of doctors associating nervous states with diseased organs, we now know better and associate symptoms of diseased organs with nervous states. He gave one picture of a woman who after eleven years and eight operations, including lumbar sympathectomy, was finally diagnosed as neurotic. Many of us squirmed in our seats.

He says that we now feel that these social conditions under which we are now living cause disfunction in organs as the end result of our living rather than as the cause of our neurosis. One of his charts was illustrative of the emotional reactions of many of us. In this chart he shows that many of us have good living or poor lives depending on

(1) Whether or not we have good health
(2) Whether or not we have good income
(3) Whether or not we have good rating with our fellows.
(4) Whether or not we have good friendships

It seems to me that the above four points covers the ground very well. A man with a good job, good health, high

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standing in the community and a house full of people who love him, and who he loves, is certainly out in the clear.

During the business meeting an interesting play developed between George Schadt, temporary secretary of the society, and Jim Seaman, secretary of the Academy of Medicine, who was chairman of the Nominating Committee. To many of us it seemed that neither one or the other could or would understand the party of the second part. One wonders if they were both as stupid as they seemed to be. If so it is in direct contrast to any previous emotion, reaction, manipulation, contribution, exhortation or what have you, that either of these men, two highlydeveloped bipeds, has ever shown before.

Due to the fact that Dr. Carsley did not feel that he could take on the job as president, Dr. John Dwyer was elected president, and the following slate of officers will take their places for the ensuing year.

After the meeting the few councillors who were present elected as their member and alternate member to the executive committee for the ensuing three years, Bill Chapin and Ned Bagg. It is hoped that these men will report the executive committee's activities at each meeting of the district society, and it is also hoped that the society will display an interest in what they say and desire to be so informed.

Vice-President, Merrill Hosmer; Secretary-Treasurer, George C. Steele; Commission of Trial, Frank Dutton; Supervising Censor, Fred Hagler — Others: J. Gilchrist, J. Pallo, A. Edgelow, G. Henderson, P. Gear; Public Relations Committeeman, P. Gear; Principal Councillor, Rice, Alternate, Knowlton; Legislative Committee, W. Chapin; Councillors, Schadt, W. Chapin, Rice, G. L. Steele, Chereskin, Jurist, Bagg, Seaman, Dubois, Hagler, Allen, Byrnes H. Gabler, Douglas, Gear, Henderson, Hopkins, Pierson.